

EXHIBIT 2

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OFFICIAL



Diamond I.D. Protection Plan™

CONSUMER OWNED DIAMOND JEWELRY REGISTRATION FORM

(PLEASE PRINT ALL INFORMATION)

I. Diamond I.D.™ is a U.S. patented (#5,983,233) gemstone identification, tracking and recovery system that provides a computer networked system that captures, stores and retrieves information that links and cross references laser inscribed, certified diamonds and gemstones with its owner.

The Diamond I.D.™ program provides you with the complete assurance that if your diamond is ever lost or stolen, the information contained in our database can be quickly accessed by police and the insurance company to aid them in their search and recovery efforts.

Further, because of the direct and unique link between the diamond owner and a specific piece of inscribed diamond jewelry, Diamond I.D.™ makes available a one (1) year replacement insurance policy against theft, loss and mysterious disappearance for the diamond jewelry registered with Diamond I.D. Protection Plan™.

II. PRELIMINARY INFORMATION: (To be completed by owner of jewelry. Neither Diamond I.D.™ nor your jeweler are licensed insurance agents)

- Date _____
- Total amount of insurance you are applying for is \$ _____ on the article described below or on the attached appraisal.
- Total annual premium \$ _____ (A) (\$20.00 minimum)
- Diamond I.D.™ registration fee \$ 99.00 (B)
- Total due with application \$ _____ (A and B) made payable to Diamond I.D. Protection Plan™ by check only.

III. OWNER INFORMATION:

Name _____
Address _____
City _____
State _____ Zip Code _____
Telephone _____
Fax _____
Email Address _____
Social Security # _____
Date of Birth _____

UNDERSWRITING INFORMATION

1. Do you have a criminal status other than at your residence? ☐ Yes ☐ No
2. Do you have a job at your residence? ☐ Yes ☐ No
3. Have you ever been convicted of a felony? ☐ Yes ☐ No
4. Have you ever had any previous losses? ☐ Yes ☐ No
If Yes, explain: _____
5. Do you wish to be made aware of additional benefits available for other types of insurance protection? ☐ Yes ☐ No

THIS IS A REPLACEMENT PROGRAM. PLEASE READ CAREFULLY AND SIGN.
Your underswriting information is correct and true to the best of my knowledge. I understand that the correct information may be in this policy application and that it can be a crime to knowingly and with intent to mislead file an insurance application containing any false information, or conceal information concerning any material fact. I hereby acknowledge that I have read the information contained on the reverse side of this form, that coverage is being provided under the terms of a master policy issued to this national Jeweler's Block (JTB). Accordingly, I hereby agree to rely solely on the Jeweler's Block (JTB) and I.D. from any and all liability for the failure or refusal of my carrier to cover or pay my loss or claim.

(Signature of Policyowner) _____ (Date) _____

IV. DIAMOND INFORMATION:

A. Gem Lab Name _____ Carat Weight _____
B. Gem Lab Cert. Number _____ Clarity _____
C. Laser Inscription _____ Color _____

MOUNTING INFORMATION:

MOUNTING DESCRIPTION

- | | | | |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Platinum | <input type="checkbox"/> Yellow | <input type="checkbox"/> Engagement Ring | <input type="checkbox"/> Necklace |
| <input type="checkbox"/> 18K / Platinum | <input type="checkbox"/> White | <input type="checkbox"/> Anniversary Band | <input type="checkbox"/> Gents Ring |
| <input type="checkbox"/> 18K | <input type="checkbox"/> 6 - Prong | <input type="checkbox"/> Earrings | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 14K | <input type="checkbox"/> 4 - Prong | <input type="checkbox"/> Pendant | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 10K | <input type="checkbox"/> Bezel / Channel | <input type="checkbox"/> Bracelet | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Other _____ | | |

• MOUNTING INSCRIPTION: _____ Number of Diamonds _____ Colored Stones _____

V. RETAILER INFORMATION:

Owner's Name _____ Date of Appraisal _____
Store Name _____ (Appraisal must be attached)
Address _____ Salesperson's Name(s) _____
City _____ State _____ Zip _____ I hereby warrant the above information in Sections IV and V to be true and correct.
Phone _____ Country _____
Fax _____ Email _____ Authorized Signature _____ Date _____

Diamond I.D. Protection Plan™ Insurance Provided Through
International Jewelers Block & Fine Arts Insurance Services Inc.
1100 Grand Street North, Suite 250 • Newport Beach, CA 92660
800 752 3034 • Fax: 3 • 949 453-2505 • 949 453-2506 Int.
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